

Member Acknowledgement Form

Name of church member _____

Name of SJL student(s):

relationship to SJL student(s): parent guardian grandparent

Please take this form to a pastor at St. John Lutheran Church

_____ is a member at St. John Lutheran Church.

This form is to be turned in with your registration form in order to receive the member scholarship.

Signature of Pastor

Date

Signature of Member

Date

Signature of Member

Date

***Return this completed form to
St. John Lutheran School with registration.***